

QUARTERLY PAYMENT FORMS

TO MAKE YOUR ESTIMATE PAYMENT ON-LINE ACCESS OUR WEB SITE AT WWW.REVENUE.NH.GOV

Who Must Pay Estimated Tax

Every entity required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax, is less than \$200. However, quarterly payments are required to be made whenever your annual estimated tax for the subsequent taxable period equals or exceeds \$200 for either tax. (See paragraph 6 for exceptions).

Where to Make **Payments**

Make estimated tax payments on line at www.revenue.nh.gov or mail estimated tax payments

NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 637 CONCORD NH 03302-0637

When to Make **Payments**

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 2005 2nd quarterly payment due June 15, 2005 3rd quarterly payment due September 15, 2005 4th quarterly payment due December 15, 2005

FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which they relate.

FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE FORM.

Payment of **Estimated Tax**

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

Underpayment **Penalty**

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use Form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

Need Help

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available on our web site at www.revenue.nh.gov or by calling the Taxpayer Assistance Office at (603) 271-2191.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED PROPRIETORSHIP BUSINESS TAX QUARTERLY PAYMENT FORMS

1	ESTIMATED TAX	BASE AND/OR GROSS BUSINESS PROFITS			BET(a)			BPT(b)	
	a BET Taxa	ble Base After Apportionment								
	b NH Taxab	le Business Profits After Apportionment								
2	TAX			[· · · · · · · · · · · · · · · · · · ·		
	a Line 1(a)	x .0075								
	b Line 1(b)	x .085								
3 (CREDITS									
	a RSA 162-	L, CDFA (Investment Tax Credit)						<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		//////
	b RSA 162-	N, CROP (Community Reinvestment Opportun	ity Pro	gram)		////////	·//////	<i>_}////////////////////////////////////</i>		//////
	c RSA 77-A	:5 (Please be sure to include the BET Credit)								
4	Estimated tax fo	r current year [Line 2 minus Line 3(a) and/or	3(b)]							
5	Overpayment fro	om previous taxable period								
6	Balance of Busi	ness Taxes Due (Line 4 minus Line 5)								
		COMPUTATION	N and	RECO	RD of PAYME	NTS				
	Date Paid	Amount of each Insta BET (1/4 of Line 6 above		t BP	Г		otal D and/o	ue r BPT)	CALENDAR DUE DAT	
1		\$				\$			April 15, 2	2005
2		. \$ \$				\$			June 15, 2	2005
3		. \$ \$				\$			Sept. 15, 2	2005
4		\$				\$		Dec. 15, 2		
_		ESTIMATE TA				*			1	
		Line 1 Enter ¼ of the Business Enterpri				ne tax v	orksh/	eet above.		
		Line 2 Enter ¼ of the Business Profits				ax work	sheet	above.		
		Line 3 Enter the TOTAL payment sum o		s 1 and 2. RTANT						
TH	HE PENALTY I	PROVISIONS OF RSA 21-J:32 WILL A			=	QUIR	EME	NTS HAVE	NOT BEEN	MET
		(Cut along this line and keep the E	Estima	ted Tax V	Vorksheet above	for you	r reco	rds)		
	FORM	NEW HAMPSHIRE DEPARTMEI	NT OF	REVENU	E ADMINISTRATIC	N				
1	NH-1040-E	ESTIMATED PROPRIETO	RSH	IP BUSI	NESS TAX - 2	005				
	732									
For	the CALENDAR	year 2005 or other taxable period beginning	a		and ending_			FOI	R DRA USE ONLY	
		PLEASE PRINT OR TYPE	Mo		ear	Mo Day	Year			
			FIRST NAM	FIRST NAME & INITIAL			SOCIAL SECURITY NUMBER			
FOF	R DRA USE ONLY	SPOUSE'S LAST NAME		FIRST NAM	ME & INITIAL			SOCIAL SECU	RITY NUMBER	
		NUMBER AND STREET ADDRESS						DEPARTMENT	IDENTIFICATION	IUMBER
		ADDRESS (continued)					14 BE1	Г 1 \$		
	}	CITY/TOWN, STATE & ZIP CODE								
	}	NULDEDT OF DEVENUE ADAMS TOTAL	TION	1			¼ BP	T 2 \$		<u> </u>
NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION Amo							ount of This Payment 3 \$			

Make checks payable to: STATE OF NEW HAMPSHIRE.
Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.

NH-1040-ES Rev. 6/7/04

PO BOX 637 CONCORD NH 03302-0637

NH-1040-ES

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2005

732

For the CALENDAI	R year 2005 or other taxable period beginning	and ending	FOR DRA USE ONLY					
	PLEASE PRINT OR TYPE	Day Year Mo Day	Year					
	PROPRIETOR'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER					
FOR DRA USE ONLY	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER					
OR DRA USE ONLY	NUMBER AND STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER					
	ADDRESS (continued)							
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			BPT 2 \$					
	NH DEPT OF REVENUE ADMINISTRATION MAIL DOCUMENT PROCESSING DIVISION	Amount of This Paym	nent 3 \$					
	TO: PO BOX 637 CONCORD NH 03302-0637	Make checks payable to: STATE Enclose, but do not staple with this estimate. Do not fi	or tape, your payment NH 1040 E					
	(Cut alo	ong this line)						
FORM	NEW HAMPSHIRE DEPARTMENT OF	REVENUE ADMINISTRATION						
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732								
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	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER					
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	CONCORD NH 03302-0637	Enclose, but do not staple	E OF NEW HAMPSHIRE. or tape, your payment NH-1040-E1 ile a \$0 estimate. Rev. 6/7/04					
		with this estimate. Do not fi	ile a \$0 estimate. Rev. 6/7/04					